IOWA STATE UNIVERSITY

Office of Student Financial Aid

0210 Beardshear Hall Ames, IA 50011-2028 515-294-2223 financialaid@iastate.edu

2012-2013 Independent Special Condition

If your financial situation has changed from what was reported on the 2012-2013 Free Application for Federal Student Aid (FAFSA), use this application to request an evaluation of the financial aid eligibility. Complete this application only if you have already submitted the 2012-2013 FAFSA. Submission of this application does not guarantee an adjustment to the financial aid award. You will be notified of any revisions to the financial aid award.

You **must** complete all of the following steps before this application will be reviewed:

- STEP 1: Attach a letter explaining the change in your circumstances (one page maximum).
- STEP 2: Complete all pages of the Special Condition application and the Student Institutional Verification Form (SIVF). If spouse is also an Iowa State student, they will need to complete a separate SIVF. Do not leave any items blank. If a value does not apply to you, enter a zero.
- STEP 3: Attach copies of the following tax documents for both you and your spouse (if married)
 - 2011 Federal Tax Return Transcript. Refer to the following website for details on obtaining a tax return transcript www.financialaid.iastate.edu/fafsa/verification.php.
 - W-2 statements
- STEP 4: Attach all requested documentation based on your special condition (Section B).

It is our policy **not to consider** a reduction in income for the following circumstances:

- Expenses related to personal living (payments on any consumer loan, payments on student or PLUS loans, payments on back taxes owed to the IRS, credit card bills due to discretionary purchases, other miscellaneous consumer expenses)
- Bankruptcy, foreclosures or collection costs associated with outstanding debt
- Debt forgiveness that reflects as income on a tax return
- Lottery or gambling winnings or losses
- Income annually reported on line 17 of your Federal 1040 Tax Return

If you are not certain whether your circumstances can be considered for review, please contact our office.

Section A: Demographic Information

Student Name:		_ University ID:		
Student Phone:		_ Student Email:		
Student Address:				
NUMBER & STI	REET	CITY	STATE	ZIP
Spouse's name (if married):		Spouse's Unive	ersity ID:	
· /		1		University student)
	- For Office	 Use Onlv -		
Prior Year SC Yes 1			es No Adviso	or
Old EFC	New EFC			



Student ID Spouse ID

Section B: Special Conditions

	lete the items below by providing ay check more than one item.	<u>all</u> apj	plicable documents li	sted und	der each cond	lition tha	at applies to you.
□ A.	Loss of job/reduction in income: Attach letter from your employer Attach documentation of unemplo Document any other income you	regard oyment	t benefits, such as the Ma	in job st			Spouse e amount received.
□в.	Reduced earnings due to disabili Give the date the change occurred Attach a statement from the appro	d:	·		rudent ural disaster.		Spouse
□c.	 Loss of benefits or untaxed incor Unemployment benefits Attach a copy of notification received. Child Support Attach a copy of Court or Ch 	of loss		its statin		g date and	·
	received. • Other Untaxed Income Attach documentation verify	ing the	change in untaxed incor	ne.			
	 Divorce or separation since comp Date of separation or divorce: Attach separation papers or agree stating marital status. If no formation Death of spouse since completion Attach documentation of death (example) 	ement, of al agree	divorce decree/settlemen ement is initiated, please	t, a letter documer	nt separate resid	ences.	•
F.	Farm or farm-related conditions Attach explanation and documentInclude Schedule F of your 2011	: tation c	of your family's situation				,
□G.	 Medical/dental expenses not paid Attach a copy of medical, dental, Provide documentation of the am insurance. 	and ph	armacy bills that were pa	aid out o	f pocket in 2012		edical/dental
□н.	Other special conditions: • Attach a letter and any document	ation to	support your special co	ndition.			
□I.	Cost of private elementary or his actual/anticipated private elementary elementary. • Attach a copy of actual or anticipe • For each family member for who information requested in the box	ntary/ ated bi m you	Thigh school tuition partial states that the school tuition partial states and receipts for 2012, pay elementary or high states are school tuition partial states.	aid for S	Spring 2012, S	Summer	2012 and Fall 2012
	mnormation requested in the box	Age	Relationship to ISU st	udent	Facility Na		Total Cost
N	ame	1180	Telutioniship to 100 St		and Docat		10111 0031

Student ID Spouse ID

Section C: Projected 2012 Income Information

Report all actual/anticipated taxable and nontaxable 2012 income (from January 1, 2012 to December 31, 2012).

Taxable Income	Student	Spouse
Tuxuble Theome	Student	Spouse
Wages/salaries/tips/severance	\$	\$
Income from business (self-employment)	\$	\$
Other income		
(e.g., unemployment compensation)	\$	\$
Total Taxable Income	\$	\$
Nontaxable Income		
Child support received for all children. Don't include		
foster care or adoption payments.	\$	\$
Veterans non-education benefits such as Disability,		
Death Pension, or Dependency & Indemnity		
Compensation (DIC) and/or VA Educational Work-	Ф	, c
Study allowances.	\$	\$
Other nontaxable income not reported, such as		
workers' compensation, disability, etc. Don't include		
student aid, welfare payments, untaxed Social Security		
benefits, Supplemental Security Income, Workforce	•	•
Investment Act educational benefits, combat pay.	\$	\$
Total Nontaxable Income	\$	\$

All Special Conditions applications are subject to review and verification of the original Free Application for Federal Student Aid (FAFSA).

this information if requested to do so. I understand that year. I grant the Office of Student Financial Aid perm	and complete to the best of my knowledge, and I agree to tverification of my projections may be required at the ensistion to update the FAFSA through the Federal Student Action documents you have or will receive. <i>If I underestive</i>	d of the current Aid online correction
	understand that I may be required to repay previously a	
Student Signature	Date	
	FAX: 515-294-3622	
All of the documents below are a	tached to this form for review of my Special Con	dition:
Attached in a letter availa	ining the change in my family's sireumstances	

Attached is a letter explaining the change in my family's circumstances

Documentation requested on page 2 pertaining to my special condition

Student(s) Institutional Verification Form

2011 Federal Tax Return Transcripts for student and spouse

2011 Federal Tax Returns for student and spouse

W-2 statements for student and spouse

IOWA STATE UNIVERSITY

Office of Student Financial Aid

0210 Beardshear Hall Ames, IA 50011-2028 Fax: 515-294-3622 financialaid@iastate.edu

Student

2012-2013 Institutional Verification Form (Student)

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification (CFR Title 34, Part 668). In this process, Iowa State University will be comparing information from your FAFSA with a copy of your 2011 federal tax return transcript, W-2 forms or other financial documents. If there are differences between your FAFSA information and your verification documents, the Office of Student Financial Aid may make corrections to your FAFSA.

Any verification documents with missing or incomplete information cannot be processed. An email notification will be sent to your FAFSA and/or ISU addresses requesting corrections be made. Resubmit a corrected form as soon as possible to avoid a delay in approval for your financial aid. Forms must be **completed in blue or black ink**.

Address (local if available) City			
City			Date of Birth
	State	ZIP Code	Phone Number
List your spouse if Spouse Name:List your children i	applicable. If your sp of you will provide moonly if they will live w	ouse is currently	e www.financialaid.iastate.edu/fafsa/dependency.php. nrolled in college, please provide the FULL college name. Spouse's College: r support from July 1, 2012 through June 30, 2013. ceive more than half of their support from you between July 1,
Name	Age	Relationship to you	List FULL name of college ONLY if individual is working oward a degree or certificate at least ½ time during 2012-2013
	1184	ie jeu	

C. If you were required to file a U.S. Federal or Puerto Rico Tax Return

- Please provide a copy of the 2011 student and/or spouse (if applicable) federal tax return transcript or Puerto Rico tax return to the office of Student Financial Aid.
 - Refer to the following webpage for details on how to secure a copy of your federal tax return transcript www.financialaid.iastate.edu/fafsa/verification.php.
 - If student and student's spouse filed "married filing separately"; submit federal tax return transcripts for both tax filers
- Tax extensions are only accepted <u>conditionally</u>; an email with details will be provided upon receipt of a tax extension.
- If student filed taxes with status of "married filing jointly" but reported on the FAFSA you are now separated, divorced or widowed, you must provide a copy of the Iowa tax return or copies of all W-2s along with proof of divorce or separation.

D. If you did not file a U.S. Federal or Puerto Rico Tax Return

- If the student or student's spouse did not file a U.S. federal tax return, list any wage or non-wage income received in 2011.
- Provide copies of all W-2 forms and/or financial earning statements as supporting documentation. If student didn't work in 2011, write "none".
- Provide an English translation of foreign documents.

Student Employer's Name	
and/or Income Source	2011 Income
	\$
	\$
	\$

Spouse's Employer's Name and/or	
Income Source	2011 Income
	\$
	\$
	\$

E. Additional Financial Information

(Enter combined amounts for student & student's spouse, if married at the time FAFSA was filed.)

If your answer is zero or does not apply, enter 0 (zero). **Do not leave blanks.** Taxable earnings from Federal Work-Study. Work-Study Institution: \$ Combat pay or special combat pay considered taxable and included in your adjusted gross income. **Do not** enter untaxed combat pay as reported on the W-2 (box 12, Code Q). \$ Earnings from work under a cooperative education program offered by a college. College Name: \$ Payments to tax-deferred pensions and savings plans (paid directly or withheld from earnings). Reported on W-2 Form Boxes 12a through 12d, codes D, E, F, G, H and S. Annual child support received for all children. Do not include foster care or adoption payments. List housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). For members of the military: Do not include BAH or the value of on-base military housing Do include BAS List other untaxed income not reported, such as workers' compensation, disability, etc. Do not include student financial aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. List source(s) of other untaxed income: \$ Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. **Do not** include money received or paid on your behalf by the parent(s) listed on your FAFSA. **Do not** include financial aid. List source(s) of other money received:

F. Signature

By signing this worksheet, I certify that all the information reported is complete and correct. I understand if I purposely give false
or misleading information on this worksheet, I may be fined \$20,000, sent to prison, or both. I am also granting the Office of
Student Financial Aid permission to update the FAFSA through the Federal Student Aid online correction tool to match the value
found on this and other verification documents you have or will provide.

Student Signature	University ID	Date

FAX: 515-294-3622